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03/08/2006 DJACOBS 00000002 230804 10659063

01 FC:2253 510.00 DA

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10 659 063

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	13	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	13 minus 20 =	
INDEPENDENT CLAIMS	4 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	13	20	-
Independent	1	4	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	7	20	0
Independent	1	3	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	12	20	-
Independent	5	3	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
X3 9=		OR	X3 18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL	385	OR	TOTAL	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X3 9=		OR	X3 18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X3 9=		OR	X3 18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X3 9=		OR	X3 18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	

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TC Art Unit: 1623**Fax No.:** (571) 273 8300**FROM:** Holliday C. Heine, Ph.D.**No. of pages transmitted  
(including this page):** 8**Our File:** UPITT-008XX**Time:****Your Ref:** Application No. 10/659,063  
**Filed Date:** September 10, 2003  
**Confirmation No.:** 3827**Sent by:** Rose

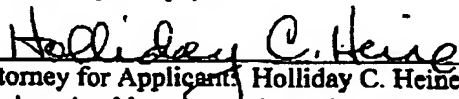
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**PLEASE DELIVER DIRECTLY TO:**  
**EXAMINER Michael C. Henry, Tel. (571) 272-0652**  
**TC ART UNIT NO: 1623**

**FOR ENTRY**

Enclosed for filing please find a: Response to Office Action including a  
Request for 2 months Extension of Time

The Commissioner is hereby authorized to Charge Deposit Account No. 23-0804 for any additional  
filing fees associated with this communication or credit any overpayment.

  
**Attorney for Applicant:** Holliday C. Heine, Ph.D.  
**Registration No.** 34,346

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